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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL				
OMB Number:	3235-0076			
Expires:	April 30, 2008			
Estimated average hours per respo	e burden nse1.00			
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SEC USE ONLY						
Prefix		Serial				
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Name of Offering Check if this is an amendment and name has changed, and indicate change.)						
BioSea Corporation Series B Preferred Stock			-			
Filing Under (Check box(es) that apply.): Rule 504 Rule	505 X Rule 506	Section 4(6)	ULOE			
Type of Filing:	endment					
A. BASIC IDENT	FICATION DATA					
Enter the information requested about the issuer.						
Name of Issuer (Check if this is an amendment and name has change	jed, and indicate change.)					
BioSea Corporation		U/U	77673			
Address of Executive Offices (Number and Street, City, State, Zip C	ode) Tele	phone Number (includin	g Area Code)			
3060 - 139 th Avenue SE, Suite 180, Bellevue, Washir	gton 98005	425-653-230	00			
Address of Principal Business Operations (Number and Street, Cit	, State, Zip Code) Tele	phone Number (includin	g Area Code)			
(if different from Executive Offices) — same as about	ve —	— same as abo				
Brief Description of Business			PROCESSE			
Manufacturer and distributor of nutraceuticals, diet	ary and topical produc	ets	OCT 1 0 2007			
Type of Business Organization: X corporation Ilmite	d partnership, already forme	ed 🔲 other (please sp	ecify):			
business trust limite	d partnership, to be formed		THOMSON			
Mo	nth Year					
<u></u>	2 02	X Actual Es	timated			
Jurisdiction of Incorporation or Organization: (Enter two-letter U.	S. Postal Service abbreviati	on for State; CN for				
	er foreign jurisdiction.)		W A			
GENERAL INSTRUCTIONS						
Federal:						
Who Must File: All issuers making an offering of securities in reliance	e on an exemption under Reg	gulation D or Section 4(6),	17 CFR 230.502			
et seq. or 15 U.S.C. 77d(6).						

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any change thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION —

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	A. BASIC II	DENTIFICATION D	ATA				
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 							
Check Box(es) that Apply: X Promoter	X Beneficial Owner	X Executive Officer	X Director	General and/or Managing Partner			
Full Name (Last name first, if individual) Yi, Nancy		 					
Business or Residence Address: (Number 3060 - 139 th Avenue SE, Suit	er and Street, City, State, e 180, Bellevue, W	, Zip Code) /ashington 98005					
Check Box(es) that Apply: Promoter	K Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual) Sprowles Family Trust							
Business or Residence Address: (Number 11 Anchorage Drive, Clevela							
Check Box(es) that Apply: Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual) Antonio R. & Maria F. Tagav	illa Trust						
Business or Residence Address: (Number 2833 Patter Place W., Seattle							
Check Box(es) that Apply: Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual) Kim, Aeryong							
Business or Residence Address: (Number 4702 N. Foxglove Dr. NW, Gi							
Check Box(es) that Apply: Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual) Koo, Ja-II							
Business or Residence Address: (Number 15832 SE 45 th Street, Bellevi	r and Street, City, State, ue, Washington 98	, Zip Code) 3006					
Check Box(es) that Apply: Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual) Tran, Huong T.							
Business or Residence Address: (Number 18717 SE 174 th Way, Renton	r and Street, City, State, Washington 980	, Zip Code) 58					
Check Box(es) that Apply: Promoter	X Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual) Hui, Michael		· · ·					
Business or Residence Address: (Number 1950 Alaskan Way, #136, Se							
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if individual)				· · · · · · · · · · · · · · · · · · ·			
Business or Residence Address: (Number	r and Street, City, State,	, Zip Code)					

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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B. 1	NFOR	MATIC	ON AE	BOUT	OFFE	RING		•		
1. Has the	e issuei swer als	sold, c	or does opendix,	the iss	uer inte	nd to s iling ur	ell, to n ider UL	on-acc .OE.)	redited	investo	rs in thi	is offerin	g?	Yes	No X
2. What is	s the mi	inimum	investn	nent th	at will b	e acce	pted fro	m any	individu	ıal?					
3. Does t	ne offer	ing per	mit joint	owner	ship of	a singl	e unit?							Yes X	No
or simi listed i name o	lar rem s an as of the b	unerations sociate roker or	on for sed perso	olicitat on or a . If mo	ion of p gent of re than	urchas a brol five (5	sers in ker or o perso	connectical dealer r	tion wit	h sales ed with	of sec	urities in C and/o	ly or indirectly the offering. or with a state of such a bro	If a perso or states,	n to be list the
Full Name	(Last na	me first	t, if indiv	idual)								,	,		
Business o	r Reside	ence Ad	dress:	(Numbe	er and S	treet, C	ity, Sta	te, Zip (Code)						
Name of As	sociate	d Broke	er or Dea	aler											
States in w (Check														ПА	II States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	• • • • • • • • • • • • • • • • • • • •		
IL	IN	۱A	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO			
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	ОК	OR	PA	•		
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR			
Business o	r Reside	ence Ad	ldress:	(Numbe	er and S	treet, C	ity, Sta	te, Zip (Code)						
Name of As	ssociate	d Broke	er or Dea	aler											
States in w (Check														A	II States
AL	AK	ΑZ	AR	CA	CO	СТ	DE	DC	FL	GA	HI	ID			
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO			
MT	ΝE	NV	NH	ИJ	NM	NY	NC	ND	ОН	OK	OR	PA			
RI	sc	SD	TN	TX	UT	VT	VA	WA	wv	WI	WY	PR			
Full Name	(Last na	me first	t, if indiv	idual)											
Business o	r Reside	ence Ad	dress:	(Numbe	er and S	treet, C	ity, Sta	te, Zip (Code)				÷		
Name of As	sociate	d Broke	er or Dea	aler											
States in w (Check														A	II States
AL	AK	ΑZ	AR	CA	ÇO	СТ	DE	DC	FL	GA	н	ID		,	
IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО			
MT	NE	NV	NH	NJ	NM	ΝY	NC	ND	ОН	OK	OR	PA			
RI	sc	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR			
		(Use bla	ınk she	et, or c	opy an	d use a	ddition	al copie	s of thi	s sheet	, as nece	essary.)		
					-				•				- ·		

‡ Issuer, in its sole discretion, may accept subscriptions for less than the minimum amount.

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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PRO	CEEL	os
1. Enter the Aggregate price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate Offering <u>Price</u>		Amount Already Sold
<u>Type of Security</u> Debt\$	-0-	\$	-0-
			75,000
Equity			
Convertible Securities (including warrants)\$	-0-	\$	-0-
Partnership Interests\$	<u>-0-</u>	\$	-0-
Other (Specify:)\$	<u>-0-</u>	\$	-0-
Total\$	1,860,000	\$	75,000
(Answer also in Appendix, Column 3, if filing under ULOE.) 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "O" if answer is "none" or "zero."	Number of Investors		Aggregate Dollar Amount of Purchases
Accredited Investors	1	\$	75,000
Non-accredited Investors	-0-	\$	-0-
Total (for filings under Rule 504 only)	N/A	\$	N/A
 If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1. Type of Offering	Type of Security		Dollar Amount Sold
Rule 505		\$	N/A
Regulation A		\$	N/A
Rule 504	N/A	\$	N/A
Total	N/A	\$	N/A
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
Transfer Agent's Fees		\$	-0-
Printing and Engraving Costs	***************************************	\$	-0-
Legal Fees		X \$	7,500
Accounting Fees		\$	-0-
Engineering Fees		= \$	-0-
Sales Commissions (specify finders' fees separately)		\$ ·	-0-
Other Expenses (Identify: Blue Sky Fees and Miscellaneous Offering Expenses	ا	X \$	1,500
Total	·	Y s	9 000

	C. OFFERING PRICE, NU	MBER OF EMESTORS, EXPENSES	AND	USE OF PI	ROCEED	S
	Part C—Question 1 and total expense	aggregate offering price given in response s furnished in response to Part C—Question ross proceeds to the issuer."	1		\$	1,851,000
5.	proposed to be used for each of the purpose is not known, furnish an es	ijusted gross proceeds to the issuer used ne purposes shown. If the amount for a stimate and check the box to the left of the isted must equal the adjusted gross proceed art C—Question 4.b above.	ny he			
				Payments to Officers, Directors & <u>Affiliates</u>		Payments to <u>Others</u>
	Salaries and fees			\$ -0-	5	-0-
	Purchase of real estate		🗍	\$ -0-	s	-0-
	Purchase, rental or leasing and inst	allation of machinery and equipment		\$ -0-	\$	-0-
	Construction or leasing of plant buil	dings and facilities	🗍	\$ -0-	☐ s	-0-
	offering that may be used in exchar	ding the value of securities involved in this age for the assets or securities of another		\$ -0-	. <u> </u>	-0-
	,				. 🗀 .	
	, ,			\$. 📙 🕏 .	0-
	Working capital			\$	X \$	1,851,000
	Other (specify):		_			
				\$ <u>-0-</u>	. 🔲 🕏 .	<u>-0-</u>
				\$		-0-
	Column Totals			\$ <u>-0-</u>	X \$	1,851,000
	Tctal Payments Listed (colun	nn totals added)	•••••	X \$ <u>1</u> ,	,851,000	_
		D. FEDERAL SIGNATURE	,			
Ru Co	le 505, the following signature consti-	to be signed by the undersigned duly authoutes an undertaking by the issuer to furnstaff, the information furnished by the issuer	nish to	the U.S. Sec	urities and	d Exchange
Iss	uer (Print or Type)	Signature	Date	1 .		
	BioSea Corporation	mul		10/1/20	07	
Na	me of Signer (Print or Type)	Title of Signer	•		-	
	Nancy Yi	Pres	sident			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

END